

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/088999	FILING DATE
APPLICANT(S)		

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
4		1			
5		1			
6		1			
7		3			
8		2			
9		8	1		
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TAL D.					
TAL P.					
TAL AIMS					
TOTALS					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					